

NUAL REPORT

OF THE

ROYAL EDINBURGH ASYLUM

FOR

THE INSANE.

FOR THE YEAR ENDING 31st DECEMBER, 1862.

EDINBURGH:

PRINTED AT THE ROYAL ASYLUM PRESS.

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ROYAL EDINBURGH ASYLUM.

Patroness—The Queen.

OFFICE-BEARERS FOR 1863.

GOVERNOR—
THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

DEPUTY-GOVERNORS-

Sir George Clerk, Bart. Sir John S. Forbes, Bart.

CHAS. COWAN, Esq. JAMES MACKENZIE, Esq.

EXTRAORDINARY MANAGERS.

Lord Provost of the City of Edinburgh.

Lord President of the Court of Session.

Lord Justice-Clerk of the Court of Justiciary.

Lord Advocate of Scotland. Solicitor-General of Scotland.

Dean of the Faculty of Advocates

Deputy-Keeper of Her Majesty's

Members of Parliament for the City. Member of Parliament for the

County.

Sheriff of the County of Edinburgh.

Principal of the University of Edinburgh.

President of the Royal College of Physicians.

President of the Royal College of Surgeons.

Senior Minister of Edinburgh. Master of the Merchant Company. Preses of the Society of Solicitors.

Dean of Guild of the City.

Deacon Convener of the Trades.

ORDINARY MANAGERS.

The Lord Provost (ex. off.)
John Drybrough, Esq.
Dr Andrew Wood.
G. A. M. Laren, Esq.
J. Scott Moncrieff, Esq.
Major Petley.
James Pears, Esq.
Wm. Brown, Esq.

Rev. Geo. Smith, D.D.
David Dickson, Esq.
Christopher Douglas, Esq.
George Cairns, Esq.
Bailie Auchie.
Sir James G. Baird, Bart.
James Blackadder, Esq.

MEDICAL BOARD.

President of the Royal College of Physicians. President of the Royal College of Surgeons. James Syme, Esq. Dr David Maclagan. Professor Simpson.

Dr Skae, Resident Physician.

Dr CLOUSTON and Dr YELLOWLEES, Medical Assistants.

Miss Brown and Mrs Jack, Matrons.

Mr Andrew Leslie, House Superintendent.

J. Scott, W.S., and D. S. Moncrieff, W.S., Conjunct Treasurers and Secretaries.



REPORT

BY

THE ORDINARY MANAGERS

OF THE

ROYAL EDINBURGH ASYLUM FOR THE INSANE.

Presented to the Annual General Meeting of the Corporation, held on 23rd February, 1863.

The Ordinary Managers of the Asylum have now to present their Annual Report, in conformity with the requirements of the Act of Incorporation.

The average number of Patients in all departments of the Institution, during the year ending 31st December, 1862, was 689, being an increase of five above the daily average during the preceding year.

The ordinary receipts by the Treasurers during the year were£22,893 15 8

And the Ordinary Expenditure, including the Instalment to the Sinking Fund, amounted to.... 21,430

 $21,430 6 4\frac{1}{2}$

£1,463 9 $3\frac{1}{2}$

From which, however, falls to be deducted a decrease on the estimated value of Stock on hand at 31st December, 1862, as compared with its value at 31st December, 1861, being

 $358 \quad 3 \quad 11\frac{1}{2}$

Leaving a net Surplus Revenue of.....£1,105 5 4

In their Report to the Corporation at 31st December, 1861, it was stated by the Managers that they had resolved to provide the Resident Physician with a more suitable dwelling-house, and had also considered it desirable to form a new access to the Asylum from the north, with a Porter's Lodge thereto. They have now to report that these extensive operations have, during the past year, been completed, with the exception of finishing and metalling the new approach, which is, however, far advanced. 31st December last, there had been incurred on these works an expenditure of £2800, to meet which, the Managers procured from the Charity Committee the loan of £2400, on the security of the new dwelling-house and other erections. The subjects contained in the bond granted to the Committee are amply sufficient to cover the sum borrowed; and, as they do not form part of the property disponed in security of the Parliamentary Debt, the rights of the Statutory Bondholders are not interfered with:

The total Amount of Debt at 31st December, 1861, according to the Auditor's Report, was as follows:—

Parliamentary Debt,£26,918 0 11	
Other Obligations,	
	. 1
	15
The Amount of Debt at 31st Dec., 1862, was—	
Parliamentary Debt,£25,918 0 11	
Other Obligations, including the above	
Loan from Charity Committee, 3,749 4 10	
	9

Thus shewing a Decrease in the gross Amount of Debt of £546 14 23

When the heavy building expenses above alluded to are taken into consideration, the Managers consider this decrease on the debt as a gratifying result.

The Managers have the pleasure of reporting that, during the last year, they received intimation that the late Mrs Douglas, of Douglas Park, had bequeathed £500 to the Institution. This legacy will be paid at Whitsunday next, and, in terms of the Act of Parliament, will be handed to the Charity Committee.

In consequence of the Resident Physician having removed to his new dwelling-house, the Cottage formerly occupied by him is now at the disposal of the Managers, and is being presently fitted up for the reception of Patients paying high rates of board; whence it is expected that a considerable addition to the income of the Corporation will be derived in future. The expense of fitting up the Cottage, together with that of furnishing the Resident Physician's new dwelling-house, will form part of the extraordinary disbursements during the current financial year.

During the past year, the Institution has been regularly inspected by Her Majesty's Commissioners in Lunacy, who have recorded their observations in a book kept for the purpose at the Asylum.

The defective nature of the internal arrangements of the house has frequently been brought by the Commissioners under the notice of the Managers. They regret, however, that they are unable to meet the wishes of the Commissioners, until their existing obligations are considerably reduced.

The rates of board payable for the different classes of Patients have been the subject of careful consideration on the part of the Managers. They have every wish to make reduction upon these where possible; but, looking to the continued high price of provisions, they feel that they cannot at present recommend any change to be made upon the existing rates.

Along with the Account of the Treasurers, there are submitted the Accounts and Report of the Charity Committee, and the Report of the Resident Physician.

(Signed) ROBERT JOHNSTON.

REPORT

OF THE

CHARITY COMMITTEE OF MANAGERS

OF THE

ROYAL EDINBURGH ASYLUM FOR THE INSANE,

FOR THE YEAR ENDING 31st DECEMBER, 1862.

The Committee appointed under the Act of Parliament incorporating the Asylum, to administer the Charitable Department of the Institution, have to report that the number of Patients during the year ending 31st December, 1862, whose boards have been, to a greater or lesser extent, defrayed by the Committee, has, on the average, amounted to sixteen, involving an expenditure of £197 3s. 10d. The Accounts of the Conjunct Treasurers' intromissions with the Charity Fund, are herewith submitted to the Managers; from which it will appear that the present amount of these Funds is £7095 19s. 9d., being an increase of £249 19s. 6d. over the amount at 31st December, 1861, attributable mainly to the receipt of a legacy of £200, which, on the lapsing of certain annuities, became payable at Whitsunday last, from the estate of the late Mrs Rutherford, of Edgerston.

(Signed) ANDREW WOOD.

ABSTRACT

OF THE

TREASURERS' ACCOUNT

FOR THE YEAR 1862.

I CHARGE

	I. CHARUE.		
1.	Arrears of Board given up in last Account, less irrecoverable		
	Arrears, L.1 18s. 1d.,	7	8
2.	Patients' Boards,	9	5
3.	Furnishings made to Patients, &c.,	12	$10\frac{1}{2}$
4.	Produce sold,	11	$5\frac{1}{2}$
5.	Loans renewed,	0	0
6.	Balance due to Treasurers at 31st December, 1862,	4	10
	Amount of Charge, L.26,392	6	3
	II. DISCHARGE.		
I.	Balance due to Treasurers at 31st December, 1861, L.2,895 19 02		
II.	Ordinary Expenditure.		
	1. Annual Disbursements for the Institution—		

1.	Annual	Disbursements	for	the	Institution—
----	--------	---------------	-----	-----	--------------

(1.)	Provisions,			۰	L.9749	3	$2\frac{1}{2}$
(2.)	Repairs and	Furnis	hings	, i	n-		

cluding those for Grounds, 4908 2 $10\frac{1}{2}$

(3.) Public and Parochial Burdens, 130 19 10

(4.) Interests, . . . 1361 14

(5.) Feu-Duties, . . . 389 18

(6.) Insurance against Fire, . 34 11 (7.) Miscellaneous Payments, 246 17 0

(8.) Water-duty, . . . 160 1

16,981 8. 7

Carry forward, . L.19,877 7 7½ L.26,392 6 3

Salaries, &c.:— 1. Resident Physician,	II. DISCHARGE—Brought forward, L.19,877 7 7½	6	2 1
1. Resident Physician,			Ш
2. Assistant ditto,	Salaries, &c.:—		Ш
\$. Second Assistant ditto,	1. Resident Physician, L.610 0 0		Ш
4. Third Assistant ditto,	2. Assistant ditto, 80 0 0		М
5. Matrons,	·		Ш
6. Chaplain,	,		
7. House Superintendent,			
8. Gardener,			
9. Honorarium to Visiting Committee, 110 0 0 10. Conjt. Treasurers and Secretaries, 380 0 0 11. Attendants, &c.,			
10. Conjt. Treasurers and Secretaries, 380 0 0 11. Attendants, &c.,	·		ш
11. Attendants, &c.,			
3,826 19 10½	·		
III. Expense of New Buildings,			
IV. Arrears of Boards outstanding,	, , ,		
V. Bonds paid up,			4
Amount of Discharge, L.26,392 6 3 ABSTRACT OF THE ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,			
A B S T R A C T OF THE ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,		6	3
ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,			
ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,			
ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,			
ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,			- 1
ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,			
I. INCOME. 1. Boards,	ABSTRACT		
1. Boards,			
1. Boards,	OF THE		
 Furnishings to Patients, &c.,	ORDINARY INCOME AND EXPENDITURE.		
3. Produce,	ORDINARY INCOME AND EXPENDITURE.		
Amount of Income, L.22,893 15 8 II. EXPENDITURE. 1. Disbursements and Annual Payments, exclusive of interest, L.15,619 14 0 2. Salaries,	ORDINARY INCOME AND EXPENDITURE. I. INCOME.	11	4
 Disbursements and Annual Payments, exclusive of interest,	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,		1
 Disbursements and Annual Payments, exclusive of interest,	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,	12	$10\frac{1}{2}$
 Disbursements and Annual Payments, exclusive of interest,	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,	12 : 11	$10\frac{1}{2}$ $5\frac{1}{2}$
interest,	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,	12 : 11	$10\frac{1}{2}$ $5\frac{1}{2}$
interest,	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,	12 : 11	$10\frac{1}{2}$ $5\frac{1}{2}$
3. Instalment to Sinking Fund, 1,810 0 0	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,	12 : 11	$10\frac{1}{2}$ $5\frac{1}{2}$
	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,	12 : 11	$10\frac{1}{2}$ $5\frac{1}{2}$
4 Interest on Unsecured Debt. 173 12 6	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,	12 : 11	$10\frac{1}{2}$ $5\frac{1}{2}$
	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,	12 : 11	$10\frac{1}{2}$ $5\frac{1}{2}$
${}$ 21,430 6 4 $\frac{1}{2}$	ORDINARY INCOME AND EXPENDITURE. I. INCOME. 1. Boards,	12 : 11 15	$10\frac{1}{2}$ $5\frac{1}{2}$ 8

Surplus of Ordinary Income over Ordinary Expenditure,

I..1,463 9 $3\frac{1}{2}$

STATE OF FUNDS AT 31st DECEMBER, 1862.

I. DEBTS.

A V	0	11
· ·	0	0
Additional Loan from Charity Committee, secured over		
Tipperlinn Property,	0	0
	17	7
	0	0
v · · · · · · · · · · · · · · · · · · ·	4	10
•	3	4
II. ASSETS.		
Arrears of Boards, as before, L.87 18 9		
Provisions and Stock on hand, 1647 11 1		
	9	10
Deficiency, L.31,675	13	6 -
	Additional Sum borrowed on Promissory Note of Treasurers,	Additional Sum borrowed on Promissory Note of Treasurers,

ABSTRACT

OF THE

TREASURERS' INTROMISSIONS

WITH THE

FUNDS OF THE CHARITY COMMITTEE, FOR THE YEAR 1862.

I. CHARGE. 1. Balance due by Treasurers at 31st December, 1861, per 2. Legacy received from the Trustees of the late Mrs Rutherford, of Edgerstone, less duty, . . 180 0 0 271 12 10 Amount of Charge, . . . L.2999 11 II. DISCHARGE. 1. Sum lent Managers of Royal Edin. Asylum, L.2400 0 0 2. Sum paid to account of Patients' Boards, 197 3 10 3. Expense of Discharges of Legacies by the late Lady Murray's and Mrs Rutherford's 6 8 1 2603 11 11 Balance in Treasurers' hands at 31st December, 1862, L.395 19 STATE OF FUNDS AS AT 31ST DECEMBER, 1862. I. Loan to Managers of Royal Edinburgh Asylum, L.5700 0 II. Do. to Caledonian Railway Company, 1000 0 0 III. Balance in Treasurers' hands, as above, 395 19 9

Amount of Funds, .

. L.7095 19

9

ABSTRACT OF THE ACCOUNTS

OF

THE ROYAL EDINBURGH ASYLUM,

FOR THE YEAR ENDING 31st DECEMBER, 1862.

I. REVENUE ACCOUNT.

CHARGE.

Balance at 31st December 1861, per last year's Abstract,	L.2,925	2 3
Arrears of Board at do.,	*	
Patients' Boards for 1862,		
Extra Accounts, do		
Produce sold,		
	-	~
DISCHARGE.	L.25,968	3 8
Disbursements and Annual Payments, excluding In-		
terest,	0	
Interest paid, per Treasurer's Account, Appendix,		
No. IV., L.1361 14 7		
Whereof applicable to Sinking Fund,		
per do., L.1188 2 1		
Deduct Interest on Loan from		
Charity Committee from		
5th Feb. to 15th May 1862, 23 7 0 ———————————————————————————————————		
110 + 13 1	6	
Sinking Fund Instalment due at Martinmas		
1862, L.1810 0 0		
Add Interest on L.988 10s. 2d., due to Sink-		
ing Fund Account, from 31st December		
1861 to 8th July 1862, at $4\frac{1}{2}$ per cent., 23 0 7		
Salaries and Wages,	7	
Arrears of Board at 31st December 1862, 87 18	= 21.564	12 84
	And the second second second second	
Balance due Revenue at 31st December 1862,	L.4,403	$10 \ 11\frac{7}{2}$
		Dr. Welling Dr. Berger, St. of Princip

II. CAPITAL ACCOUNT.

CHARGE.

Loan from Charity Committee on security of Tipperlinn Property, L.2400 0

DISCHARGE.

Balance at 31st December 1861, per last year's Abstract, L.6809 11 $5\frac{1}{2}$ Expense of addition to Buildings, &c., in 1862, . 1600 0 0

8,409 11

Balance due by Capital at 31st December 1862,

1.6,009 11

III. SINKING FUND ACCOUNT.

CHARGE.

Balance at 31st December 1861, per last year's Abstract,			•	L.988	10	
One Year's Instalment, due at 31st December 1862,	L.1810	0	0			
Add Interest on the above sum of L.988 10s. 2d., from						
31st December 1861 to 8th July 1862, at $4\frac{1}{2}$ per cent.,	23	0	7			
			-	1833	0	
				¥ 0003		-
DISCHARGE.				L.2821	10	
DISCHARGE.						
Interest paid on Parliamentary Debt to Martinmas 1862,	L.1164	15	1			
Loans paid off, as stated in No. V. hereof,	1000	0	0			

Balance due to Sinking Fund at 31st December 1862, . L.656 15

IV. BALANCES Arising on the foregoing Accounts at 31st December 1862.

Due	by	Capital	Account,	•	•			•			L.6009	11
			Account,									
29	to	Sinking	Fund Acco	unt,	•	•	•	٠				
										 	5060	6

Balance due to Treasurers at 31st December 1862,

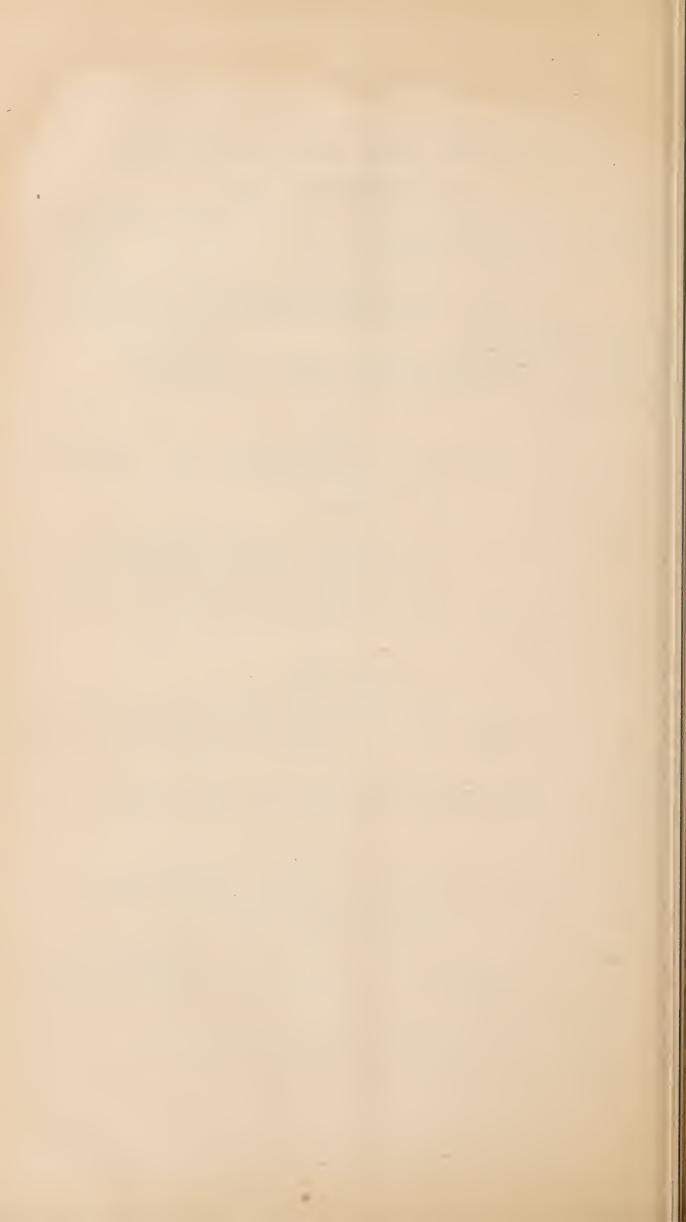
L.949 4 1

2164 15

V. STATE OF DEBT AT 31ST DECEMBER 1862.

1. PARLIAMENTARY DEBT.

Balance due at 31st December 1861, . Whereof paid off (Connell's Trustees),							-		
2. ORDI	NAR	Y DE	BT.				L.25,918	0	11
Loan from Commander Yule, . Do. from Charity Committee, .				L.4 24					
Balance due to Treasurers at 31st Dece	mber	1862,	•			4 1	0 710	4	10
	То	tal De	bt,	e	•	•	L.29,667	5	9



PHYSICIAN'S ANNUAL REPORT

FOR THE YEAR 1862.

Read at the Annual Meeting of Contributors, held on the 23rd day of February, 1863.

I beg respectfully to submit my Annual Report, as usual, of the history of this Institution during another year, so far as it pertains to my province, illustrated by a series of Statistical Tables, exhibiting an abstract of the more important facts connected with the patients intrusted to my care.

No event has occurred during the year which can be recalled as a matter of regret; but, on the contrary, the Institution has, I believe, preserved its efficiency, conferred a large amount of substantial good on an increasing number of inmates, and has made not a few internal improvements calculated to promote the great end of its existence.

Table I .- General Results of the Year.

	Males.	Females.	TOTAL.
Number of inmates at the close of 1861, Admitted during the year 1862,	344 125	335 121	679 246
Total number under treatment, M. F. T. Discharged, 70 94 = 164.	469	456	925
Of whom were Recovered, 27 $43 = 70$ Relieved, 17 $25 = 42$ not Improved, 26 $26 = 52$ Deaths, 42 $32 = 74$			
Deaths, . 12 02 — 11	112	126	238
Total number at the close of 1862, .	357	330	687
Average number daily resident during	ng the year	ar 1862.	
Males. Females.	Total	•	
$349\frac{345}{365}$ $339\frac{323}{365}$	$688\frac{302}{365}$		

The average number of patients resident in the Asylum during the past year was 688, being an increase upon the previous year, as that also was upon the one which preceded. Every successive year has added to the average population. The total number under treatment was 925. Of this number, as will be seen from Table I., 246 were patients admitted during the year. The removals consisted of 70 patients recovered, 42 relieved, 52 unimproved, and 74 deaths.

The recoveries were in the ratio of 28 per cent. to the admissions, and the mortality in that of 6 per cent. to the total number under treatment.

The proportion of recoveries is less than it has been for a series of years, but the diminished ratio is almost entirely among the male patients, the ratio of the recoveries among the females being 35.5 per cent., and among the males only 22.5 per cent. This result appears to be due partly to the increasing number of cases of that very hopeless form of insanity called General Paralysis—nearly peculiar to the males in this community,—which were admitted, and had been accumulating in the Asylum for some years. As will be seen from subsequent Tables, 31 of the male patients admitted, and 11 of those who died, were affected with General Paralysis, while only one female was admitted labouring under this malady.

The number of Patients admitted into the Asylum since its foundation now amounts to 5350, of whom 2122 have been discharged recovered. The total recoveries are consequently in the ratio of 40 per cent. to the admissions, or upwards of 45 per cent., deducting those who still remain under treatment.

The number of patients refused admission during the year was 27, of whom 11 were private, and 16 pauper patients.

Several patients applied spontaneously for admission, of whom four had formerly been inmates. They sought the protection afforded by the Asylum, from a sense of their returning malady and inability to take care of themselves.

One of the applicants, who had not before been an inmate of any Asylum, sought admission in order that he might be protected from a strong impulse to commit an act of homicide, accompanied

with a fear that he might commit the alternative act, that of suicide, to save himself from the ignominy attending the former. He requested me to give him a certificate containing my opinion of his state. I found that at this time he was waited upon and watched by a person whom he had himself selected and engaged for the purpose. He added that he was not on good terms with his relatives, that they did not think he was insane, and he wished to act for himself in the matter. Several weeks afterwards I was sent for by this gentleman; his attendant had died after a short illness; he was in great distress, being now unprotected; feared he would shoot his landlady; confessed he had given arsenic to three persons for the purpose of killing them, and as it had failed, he had taken some himself, when finding it inert, he had the remainder analysed, and it proved to be a harmless white powder, —the chemist who supplied it, although labelling it "Arsenic— Poison," having, he supposed, substituted bismuth, because he suspected he meant to make an improper use of the arsenic. conducted him to the Sheriff, to whom he repeated these statements, presenting, at the same time, a medical certificate of insanity, in order to obtain an order for his admission into an Asylum, under the recent Act, as a spontaneous applicant.

Were we to judge from the frequency of tragical homicides which are recorded in the daily press, and the sympathy which is so often manifested in behalf of the accused parties, whether on the plea of insanity or otherwise, it is difficult to avoid the conviction that society at large is more afraid of having the liberty of the subject interfered with, than solicitous that human life should be preserved; and that medical men, instead of being too easily led to commit such individuals to proper care and treatment, are afraid to interfere for the protection of life and property, lest they should lay themselves open to vexatious legal proceedings;—hardly less vexatious to them, both as regards time and money, even when they succeed in justifying their act, and gaining a verdict.

The number of sensation novels and plays which have been issued of late years, in which the plot turns chiefly on the unjust confinement of some sane person on the pretext of insanity, seems

greatly to have contributed to this state of things—a result strangely at variance with the facts established by the careful judicial investigations of the Commissioners in Lunacy for England, Ireland, and Scotland, from which it would appear that such a case is almost literally unknown, or if it has apparently occurred in a solitary instance, it has been followed by the immediate discharge of the alleged lunatic, thus demonstrating the safety with which the present statutes have guarded the liberty of the subject.

Surely it would have been a hundredfold more desirable for the wretched homicide, whose mind has been weakened and perverted by vicious habits, for his unhappy family and the community at large, that he should have been timeously placed in an hospital for the cure of degraded and overpowering habits, and unaccountable delusions. Better, surely, that such treatment should be legalised as at once an act of mercy to the individual, and of social duty to the community, than that such a person should be allowed to walk about to the alarm of a whole neighbourhood, until, it may be, he has even sacrificed the life of a fellow-creature, incurred the last sentence of the law, caused a large expense to the country by his trial, and raised a thousand conflicting doubts as to the justice of his sentence—doubts which are never raised in connection with the administration of justice without injury to its authority, whether its decrees are enforced, or the doubts solved by a relaxation of its demands, the tendency of which is to diminish its power as a check upon crime.

The next Table shews the length of time those who left unimproved or relieved had resided in the Asylum.

Some of these cases were removed to the lunatic wards of work-houses, some by their friends contrary to advice, and some with the advice of the Physician, and in several instances with the sanction also of the Board of Lunacy, to board with their friends on trial. This sanction is now granted by the Board under the last statute, on the certificate of the Medical Superintendent, and the period of probation may be fixed at one, two, or more months, and may be renewed on re-application to the Board. If the trial is not found advantageous or safe, the patient can be brought back to the Asylum at any time without a fresh warrant. This section

of the Act has been found very useful and beneficial to the patients. Cases where the cure has not appeared quite satisfactory, have in this way been sent out on trial, under the beneficial check of knowing they were still under the warrant. Under the consciousness of this fact, they were, when at liberty, doubtless induced to exercise the utmost self-control of which they were capable,—an exercise of great value as a curative agent; and in not a few cases patients have, by this experimental treatment, been restored to their friends and society sooner than they would have been otherwise; while in others, when the removal was found to act injuriously, they were at once brought back.

Table II.—Period of Residence of those Relieved and not Improved at their Removal.

	RE	RELIEVED. NOT IMPROVED.				
PERIOD OF RESIDENCE.	Males.	Fem.	TOTAL.	Males.	Fem.	TOTAL.
Under 2 weeks, ,, 3 ,, ,, 1 month, ,, 2 ,, ,, 4 ,, ,, 5 ,, ,, 6 ,, ,, 7 ,, ,, 8 ,, ,, 10 ,, ,, 12 ,, ,, 12 ,, ,, 12 ,, ,, 12 ,, ,, 14 ,, ,, 5 ,, ,, 6 ,, ,, 7 ,, ,, 8 ,, ,, 10 ,, ,, 14 ,,	0 0 0 2 2 2 0 1 0 3 0 2 0 2 1 1 0 0 0 0 0 0 0	0 1 1 0 2 2 1 0 1 1 0 1 1 5 2 1 0 0 0 0 0 0 0	0 1 1 1 2 4 4 1 1 1 4 0 3 1 7 3 2 3 2 1 0 0 0 0	1 0 2 2 3 0 0 2 2 1 0 0 1 1 1 2 2 2 1 1 1 1 0	1 0 0 1 0 0 0 1 1 2 4 3 5 2 2 0 0 0 1	2023301221022135574311111
Total,	17	25	42	26	26	52

Several of the cases removed prematurely by the injudicious interference of their friends, were brought back within a very

short time, in a much worse condition than when they left. One of them, removed by her husband contrary to advice, killed herself soon afterwards.

No serious accident of any kind, nor suicide, occurred during the year, although the following Table shews that this morbid impulse was not less frequently manifested than in former years.

Table III.—Illustrations of Suicidal Tendency in those Admitted.

		*****		Males.	Females.	TOTAL.
Had attempted Suicide,	•	•	•	11	11	22
Had meditated Suicide,		•	•	20	22	42
Total,	•	•	•	31	33	64
Form of Insanity during was attempted—	y whic	ch Su	icide			
A cute Mania, .				-		
			•	3	1	2
Mania, . , Puerperal,	•	•	•	0	2 1	$egin{array}{c} 2 \ 5 \ 1 \end{array}$
Melancholia.	•	•	•	7	6	13
Melancholia, . Monomania of Susp	icion,		•	Ó	1	10
Total,	•	•	•	11	11	22
Form of Insanity during	whic	h Su	icide			
was meditated—					Q _D	
Acute Mania, .		•		1	2	3
Mania,	•	•		3	5	3 8
	•		•	9	14	23
Dipsomania, .	•	•	•	1	1	$egin{array}{c} 2 \ 4 \end{array}$
General Paralysis,	•	•	•	4	0	4
Dementia	•	•	•	1	0	1
Delirium Tremens,	•	•	•	1	0	1
Total,	•	٠	•	20	22	42
Means used in attempts :	nade-					
Strangulation, .	•			1	4	5
Suspension, .				4	0	4
Precipitation, .				o l	5	5
Drowning, .	•		.	1		3
Starvation, .				5	$\begin{bmatrix} 2 \\ 5 \\ 1 \\ 2 \end{bmatrix}$	10
Burning,		•	•	0	1	1
Suffocation, .	•			0	2	2
Stabbing,	•	•		1	0	1
Total,	•	•		12	19	31

The curability of the disease, in relation to the age of the patient, and its mortality in the same relation, are exhibited in the Table which follows:—

Table IV.—Ages of those Admitted, Discharged Recovered, and Dead.

	ADMIT	TED.	DISC	HARGE OVERE	DEAD.					
AGE.	Males. Females.	TOTAL.	Males.	Females.	Toral.	Males.	Females.	TOTAL.		
From 10 to 20, . ,, 20 ,, 30, . ,, 30 ,, 40, . ,, 40 ,, 50, . ,, 50 ,, 60, . ,, 60 ,, 70, . ,, 70 ,, 80, . Total,	$\begin{array}{c cccc} & & & & & & & & \\ & 34 & & & 28 \\ & 37 & & & 32 \\ & 27 & & & 20 \\ & 11 & & 21 \\ & 10 & & 10 \\ & 2 & & 5 \\ \hline & 125 & 121 \\ \end{array}$	62 69 47 32 20 7	$ \begin{array}{c c} 1 \\ 13 \\ 7 \\ 2 \\ 3 \\ 1 \\ 0 \\ \hline 27 \end{array} $	3 13 11 5 7 4 0 43	$ \begin{array}{r} 4 \\ 26 \\ 18 \\ 7 \\ 10 \\ 5 \\ 0 \\ \hline 70 \end{array} $	$\begin{bmatrix} 0 \\ 6 \\ 8 \\ 13 \\ 4 \\ 9 \\ 2 \\ \hline 42 \\ \end{bmatrix}$	0 4 8 12 1 5 2 32	0 10 16 25 5 14 4 74		

The forms of insanity under which the patients laboured when admitted, according to our present very imperfect mode of classification, are shewn in the next Table:—

Table V.—Form of Disease in those Admitted.

FORM OF DISEASE	1.	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Males.	Females.	TOTAL.
Mania,			33	44	77
,, Acute,		•	12	20	32
", Chronic, .	•	•	- 0	4	4
" Puerperal, .			0	3	4 3 5
", Epileptic, .	•		4	1	5
Melancholia,			15	25	40
Dementia,		•	16	10	26
,, Senile, .	•	•	2	5	7
", Epileptic, .		•	1	0	1
Monomania of Pride,		•	1	0	1
" Suspicion, " Unseen Ag	•		0	2	2
" Unseen Ag	ency	,	3	1	4
Moral Insanity, .		•	0	4	4
Do. in the form of Dips			2	0	2
Delirium Tremens, .			1	0	1
Congenital Imbecility,			4	1	5
General Paralysis, .		•	31	1	32
Total,	•	•	125	121	246

The most remarkable feature of this Table is the great number of cases of General Paralysis which it exhibits, exceeding by nearly a third the average of the few preceding years, and being about double those of the years preceding them. This disease was at one time ascribed, in a great majority of cases, to intemperance; but that vice is not an increasing one in this country of late years, nor was intemperance the assigned cause in most of the cases, but more frequently some great mental shock or over-work of the mental faculties. It is remarkable that this form of insanity continues to be as rare among females in this district as formerly, there being only one female to thirty-one males affected.

The homicidal impulse has been strongly manifested in one or two instances. One female seeks earnestly to kill three persons, two of them officers of the Asylum, and the third a patient. She makes a determined and violent assault on one of the Medical Officers upon every opportunity. She manifests no hostility to any other persons, expresses no grounds for her hostility to those she desires to kill, nor does she appear, as far as has been discovered, to have any delusions.

In another case, the homicidal and suicidal impulse is manifested in a very striking manner. This person is free from delusions, except the delusion—if it can be called one—that he is ill, and refuses to leave the Asylum, or even to trust himself to sleep out of it for a single night. He had a strong impulse to kill his wife, or to destroy himself.

Several of the cases were remarkable for the ingenuity and pertinacity with which the insane delusions, which obviously existed, and manifested themselves in the *conduct*, were concealed. A gentleman who, before admission, had done a great deal of damage, breaking down gentlemen's park-gates, a public statue, and other things, and who, after coming to the Asylum, continued to destroy at intervals pictures, statuettes, glass windows, and do other equally absurd acts, continued for a year either to deny his having done the acts, or, if caught in the act, would give some plausible and ingenious explanation, ultimately explained all his conduct in a letter to his mother, informing her that he had seen the spirit descend on him like a shower of gold, and since then he had been

inspired to do these things by the Divine Spirit, as signs to men of the will of God, and of the judgments on the world which he was commissioned to foretell.

The causes of the malady in those admitted are given in the subjoined Table as nearly as they could be ascertained.

Table VI.—Causes of Disease in those Admitted.

CAUSES OF DISEASE.	Males.	Females,	TOTAL.
Hereditary Predisposition, .	28	22	50
Congenital,	4	1	5
Previous Attack,	17	37	54
Anxiety	4	7	11
Terror	0	3	3
Terror,	1	4	5
Over-work,	6	1	7
Over-study,	2	2	4
Domestic Disagreements,	2	0	2
Domestic Affliction,	0	14	14
Religious Excitement,	9	5	14
Intemperance,	20	8	28
Disappointment in Business, .	4	0	4
Destitution	1	3	4
Change of Life	0	2	2
Change of Life,	0	3	3
Sun-stroke	2	0	2
I Injury to Head	4	1	5
Old Age,	2	7	9
Bodily Ailments,	9	11	20
Epilepsy,	6	2	8
Over-lactation,	0	6	6
Fall of a House in High Street,	1	0	1 .
Recent Marriage,	1	0	ī
Bad Early Training,	0	1	1
Visiting Mother in Asylum,	0	1	1
Marriage of Daughter,	0	1	1
Desertion by Husband,	0	1	1
Unknown,	34	26	60
Total,	157	169	326

The strong predisposition to relapse in this disease is shewn by the fact, that in fifty-four cases there had been previous attacks.

In one case the relapse was occasioned by the apparently simple cause of an opera-glass which the patient had borrowed and lent to a third party not being returned to her, so that she was unable to restore it when promised to its owner.

The readiness with which a relapse takes place when the patient exposes himself to the same exciting cause which brought on his previous attack was well illustrated in the case of a tradesman who, on a former occasion, fancied all his fellow-workmen were in league plotting against him, and that he heard them speaking and whispering about him constantly, and whose illness was caused by intemperance. On recovery, he remained well and temperate for a considerable time, when a single drinking bout into which he allowed himself to be seduced brought back all the former symptoms, with the same hallucinations of hearing.

Intemperance was the ascribed cause in 11 per cent. of the cases admitted, being the most frequent of the exciting causes tabulated. If, however, we add together the various moral causes, all affecting the mind through the same emotions more or less, although distinguished accidentally by their origin, such as anxiety, domestic disagreements and afflictions, and disappointments in business, mental distress from various sources must be allowed to take the first rank as the exciting cause of this disease. The want of sleep consequent upon these anxieties and distresses may indeed be really the proximate cause of the attack, being undoubtedly one of the most invariable antecedents of the first symptoms of mental disturbance and alienation.

In one case the cause assigned was anxiety about the fate of Milne, the murderer of Paterson. This female's father had been attacked and robbed on the highway, and he afterwards died from the effect of the injuries received. The party accused was acquitted, and she was dreadfully disappointed at the verdict. The fear that Milne might also escape what she considered the just punishment of his crime operated upon her mind to such an extent as to induce insanity before Milne's trial came on.

One of the cases of General Paralysis was ascribed in its origin to the mental disturbance caused by the gentleman's father having been garotted, and, after protracted illness, having died from the effect, chiefly upon his nervous system, of the assault.

The ascribed cause in another case was the fall of a large house in the High Street. The young man affected had to pass this house daily on his way to and from his business, and the fears engendered by the continual sight of the ruins which entombed so many victims operating upon a mind weakened by habits of intemperance, developed his malady.

Another case in which the cause seemed to be entirely moral is

deserving, perhaps, of being recorded. It was that of a young woman who married voluntarily a husband whom she immediately afterwards discovered she could not love. He was her equal in every respect as regards station, age, appearance, and character, and she had no fault to find with him, and every wish to love him and be a good wife to him, and deplored the fact that she could not regard him with any feeling but antipathy. She had no other attachment, and could assign no reason for her feelings, which led her into the deepest despondency and hopelessness, after every effort had been made by her, by her husband, and by all the relatives, to remove the morbid feelings which affected her. She fortunately recovered.

I add one comment more upon this Table of causes, the result of my observation during the last sixteen years and a half, that almost all the cases produced by purely debilitating causes, such as destitution, poverty, starvation, protracted lactation, fevers, &c., unless complicated with pulmonary or some other local disease, recover under care and nursing, good diet, and the moderate use of stimulants.

Table VII.—Diseases of those Recovered, Relieved, and Not Improved, at their Removal.

	REC	OVE	RED.	RE	LIEV	ED.	IMI	NOT IMPROVED.				
FORM OF DISEASE.	Males.	Fem.	Total.	Males.	Fem.	TOTAL.	Males.	Fem.	Total.			
Mania,	11	11	22	9	9	18	4	6	10			
,, Acute,	4	14	18	1	0	1	0	0	0			
,, Chronic,	0	0	0	0	0	0	0	3	3			
,, Puerperal, .	0	0	0	0	2	2	0	0	0			
" Epileptic,	2	0	2	0	0	0	3	0	3			
Melancholia,	7	15	22	3	7	10	3	2	5			
Dementia,	0	0	0	2	5	7	10	12	22			
Monomania of Pride, .	0	0	0	0	0	0	1	1	2			
", Suspicion, .	1	0	1	1	0	1	0	1	1			
", Unseen Agency,	0	0	0	0	1	1	0	1	1			
Moral Insanity,	0	2	2	0	1	1	0	0	0			
Dipsomania,	0	1	1	1	0	1	0	0	0			
Delirium Tremens, .	1	0	1	0	0	. 0	0	0	0			
Congenital Imbecility, .	0	0	0	0	0	0	1	0	1			
General Paralysis, .	1	0	1	0	0	0	4	0	4			
Total,	27	43	70	17	25	42	26	26	52			

The preceding Table shews the form of insanity under which those patients laboured who were removed recovered, relieved, and not improved.

To this succeeds a Table shewing the period of residence in the Asylum of the patients who recovered.

Table VIII.—Period of Residence of those Discharged Recovered.

PERIOD (OF RESI	DI	ENCE.	Males.	Females.	TOTAL.
Under 1	month.			0	1	1
,, 2		•	•	4	5	9
,, 3		٠		2	8	10
	"	•	•	3	-2	5
,, 4 ,, 5))	٠		4	5	9
,, 6	,,	۰	•	2	4	6
,, 7	,,,	۰	•	0	2	2
,, 8	97	•	•	1	4	5
,, 9	27	•	•	3	1	4
,, 10	"	•	•	2	1	4 3 3 8
,, 12		•	•	0	3	3
,, 18	22	٠	•	3	5	8
,, 2		•	•	1	2	3
,, 4		•	•	1	0	1
,, 6	3 7	٠	•	1	0	1
	Tota	ıl,	•	27	43	70

It requires no comment, except the gratifying one, that although as a rule the greater number of recoveries take place within a year, yet a few recovered after a longer term of treatment; eight between twelve and eighteen months, three after nearly two years, one after more than three, and another after more than five years residence in the Asylum. These results shew the necessity of being slow to regard any case as altogether hopeless, and to hold out encouragement in the continuance of the use of all available means of treatment. This consideration may lead us also to regard with less despondency the record of the subsequent Table, which shews the duration of the disease previous to admission in those who were added to our community during the year, although a considerable proportion of them had already been insane much beyond the term which prudence and experience would justify before their removal from home.

Table IX — Duration of Disease previous to Admission, and Condition of those Admitted.

					ALREADY DIS-					
DURATION OF	INCUF	RABLE.	CURA	ABLE.	MISSED	CURED.				
DISEASE.	Males.	Females.	Males.	Females.	Males.	Females.				
Under 1 week, .	1	1	8	12	3	6				
,, 2 ,,	5	$\frac{1}{7}$	$1\overset{\circ}{2}$	12	5	4				
,, 3 ,, .	4	0	ī	$\frac{1}{2}$	$\overset{\circ}{0}$	î				
,, 1 month, .	3	i	$\tilde{2}$	3	Ŏ					
,, 2 ,, .	9	4	. 2 6	10	0	$\frac{2}{4}$				
,, 3 ,, .	2	1	3	7	1	2				
,, 4 ,, .	2	1	0	2	0	0				
,, 5 ,, .	3	0	3	$egin{bmatrix} 2 \\ 2 \\ 3 \\ 2 \end{bmatrix}$	0	1				
,, 6 ,, .	1	3	1	3	0	0				
,, 7 ,,	1	1	2	2	1	0				
,, 8 ,, .	0	0	0	2 1	0	1				
,, 9 ,, .	2	0	0	1	0	0				
,, 12 ,, .	4	1	$\frac{2}{1}$	$\begin{bmatrix} 3 \\ 2 \\ 0 \end{bmatrix}$	0	0				
" 18 " .	3	0	1	$\frac{2}{2}$	0	0				
,, 2 years, .	$\frac{2}{3}$	1	0		0	0				
,, 3, ,,		5	0	1	0	0				
" 4 " .	$\frac{2}{1}$	3	0	3	0	1				
,, 5 ,, .	0	1	1	0	1	0				
$\frac{6}{7}$, $\frac{6}{7}$	0	3	1	0	0	0				
,, 7 ,, .	4	3 0	0	0 0	0	0				
,, 8 ,, .	0	1	$\frac{0}{1}$	0	0	0				
,, 10 ,, . ,, 15 ,, .	1	1	0	0	0	0				
177	$\overset{1}{2}$	0	0	0	0	0				
10	$\begin{bmatrix} 2 \\ 0 \end{bmatrix}$	1	0	0	0	0				
95	0	$\frac{1}{2}$	0	ő	0	0				
່	ő	1	ő	0	0	0				
Congenital,	4	1	ő	0	$\overset{\circ}{0}$	0				
Unknown,	$1\overline{7}$	5	-5	$\ddot{6}$	ő	4				
	76	48	49	73		26				
Total, .	12	24	15	22	37					

Table X. exhibits the causes of death in those who died.

The greater number died of the direct effects of brain disease, or of phthisis, one of the most frequent causes and concomitants of insanity.

Two patients died of epileptic fits, whose cases are important in a medico-legal point of view, as both died under the effects of first attacks. The one was a young lady labouring under chronic mania, who died in her first epileptic fit, occurring during a period

of excitement. The other was a young man, who died in a second fit occurring almost immediately after the first.

Table X .- Causes of Death.

CAUSES OF DEATH.	Males.	Females.	Total.
General Paralysis,	11	0	11
Ramollissement,	3	2	5
Atrophy of Brain,	0	1	1
Apoplexy,	3	0	3
Epilepsy,	i	3	4
Exhaustion after Mania, .	0	5	5
Bronchitis,	1	0	1
Phthisis Pulmonalis,	12	12	24
Morbus Cordis,	2	1	3
Dysentery,	1	1	2
Cancer,	1	2	3
Acute Tuberculosis,	0	1	1
Pyæmia,	1	0	1
Pericarditis,	1	0	1
Broncho Pneumonia, .	0	1	1
Diarrhœa,	1	0	1
Exhaustion from Catalepsy,	1	0	Ţ
Caries of the Vertebrae, .	1	0	I
Bright's Disease,	0	1	1
Chronic Gastritis,	0	1	1
Senile Decay,	2	1	3
Total,	• 42	32	74

No epidemic prevailed during the year, nor any unusual cause to increase the normal mortality, which accordingly is low compared with the average of other large Asylums similarly situated as to the nature and class of the patients admitted.

The Appendix to this Report contains a Medical Report on the pathology of the disease, as deduced from the observations of the past year.

A Table is subjoined shewing the duration of residence in the Asylum of the deceased, from which it will be seen that more than one-half had been above two years resident, and eleven from twelve to twenty years in the Institution. Since the commencement of this year the oldest resident has died; he had been in the Asylum for nearly forty-five years.

The medical treatment during the past year has not differed materially from that pursued hitherto. The use of sedatives, and more particularly the virtues of the Indian hemp, have been very fully tested, and in some instances with very marked advantage.

Table XI.—Period of Residence of those Deceased.

PERIOD OF RESI	DEI	NCE.	Males.	Females.	TOTAL.
Five Days,	_		0	1	1
Six ,,	•		1	1	$\overline{2}$
Twelve .,			0	1	1
Thirteen ,,			0	1	1
Under 3 weeks,			1	1	2
,, 1 month,			1	0	1
			5	4	9
,, 2 ,, ,, 3 ,,		•	1	. 0	1
,, 4 ,,			3	0	3
,, 4 ,, ,, 5 ,,		•	3	1	4
,, 6 ,,	•	•	0	1	1
,, 7 ,,,		•	0	4	4
,, 9 ,,		•	1	1	2
,, 18 ,,		•	1	0	1
" 2 years,		•	6	4	10
,, 3 ,,			4	4	8
,, 4 ,,	9	•	2	0	2
,, 5 ,,	•	•	2	2	4
,, 5 ,, ,, 6 ,,	•		2 3	2	5
,, 9 ,,	•	•	1	0	1
,, 12 ,,	•		$\frac{2}{1}$	0	2
,, 14 ,,	•			1	2
,, 16 ,,			-2	0	2 2
,, 19 ,,			0	2	2
,, 20 ,,			1	1	2
,, 21 ,,	•		1	0	1
Total,	٠	•	42	32	74

In a certain class of cases sedatives are extremely beneficial, and in some they appear to exert a direct curative agency. It is comparatively easy, with some experience, to predicate in what cases morphia, or the other preparations of opium, may be likely to prove useful; but it does not seem so easy to lay down rules in regard to other narcotics. In some cases where the opiates did not agree with the patient, hyociamus was found a very useful remedy; and in others, the tincture of Indian hemp proved highly beneficial, when neither of the former medicines gave relief. The cases in which it was found most advantageous were all affected with mania, and most of them in its acute form.

The moral treatment of the inmates has been conducted on the

same principles, and on the same liberal and extended scale as in former years. Every species of amusement, both in-door and out-door, has been supplied that ingenuity and experience could suggest. Our library continues to increase in size and usefulness, our reading-rooms and numerous papers and periodicals, and our Library Club afford increasing sources of intellectual exercise and culture. Our fortnightly lectures have been given regularly during the winter season; and I gladly acknowledge the kindness of various friends for their services on those occasions, of whom I may mention Professor Blackie, Dr Bedford, Dr Pick, Rev. A. Grosart, Messrs Donaldson, Douglas, Dr John Young, &c.

We have continued gradually to add to the comfort and amenities of the house, by increasing the furniture in the large corridors, and adding prints and statuettes, singing birds, and other objects of interest,—all of which tend to impart cheerfulness, and awaken kindly and healthy feelings in the minds of many sufferers.

A very important alteration has been partially effected in the plans of the Asylum during the year, which will contribute not a little to its completeness and efficiency. A new Lodge has been erected on the north side of the grounds, opening from the Colinton road, which, it is purposed, shall be the only entrance to the Asylum, as soon as the necessary roadways are completed. This arrangement will have the effect of making the Eastern Division, or house for the higher classes, completely private and secluded, as no traffic will take place, as formerly, through the grounds surrounding it; and, indeed, the whole of the pleasure-grounds of the Institution will then be left entirely free from the view of visitors, or those coming to the Asylum on business of any kind.

The erection of a new house for your Physician near the new Lodge, has enabled you to appropriate the Cottage formerly occupied by him for the use of ladies paying higher rates of board. As this cottage will now be secluded, and as it is well adapted for the purpose, it will form a very much desired addition to the establishment, and afford to three or four ladies a retirement, furnished with a delightful garden and conservatory, and all those amenities which have proved so advantageous to the small party of gentle-

men who have occupied the old cottage of Myreside at the western extremity of the grounds.

I beg respectfully, in conclusion, to offer my warm thanks to the Directors for their support and liberality, in enabling me to carry out everything designed for the advantage of the Institution and the comfort of the inmates, and to my colleagues and fellow Officers for their unwearied and faithful attention to their duties, and arduous exertions to contribute to the general welfare and happiness of the community.

DAVID SKAE.

Abstract of Provisions, &c. Issued in Royal Edinburgh Asylum for the Year 1862.

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	AH		Apples,	Artichokes,	Beans,	Do.	Beetroot,	Brocoli,	Bruss	Cabbage,	Do.	Carrots,	Cauliflower	Celery,	Cherries,	Cress,	Curra	Do.	Gooseberries,	Green	Leeks,	Lettuce,	Onions,	Do.	Parsley,	Parsnip,	Pears,	Pease,	Potatoes,	Radishes,	Raspberries,	Rhubarb,	Savoy,	Spinach,	Strawberries,	Turnip,	
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JAMES ROBERTSON, Gardener.

STATEMENT OF WORK

DONE AT

THE ROYAL EDINBURGH ASYLUM,

During the Year ending 31st December, 1862.

The Work is estimated by charging journeymen's wages only.

I. TAILORS.

Making	; 113 jackets, at 3s. 6d		L.19 15	6		
	92 vests, at 1s. 6d	•	6 18	0		
, , ,	245 pair trousers, at 1s. 6d		18 7	6		
• • •	215 flannels, at 1s	•	10 15	0		
	324 pair drawers, at 1s		16 4	0		
• • •	388 bonnets, at 5d		8 1	8		
	260 stocks, at 5d		5 8	4		
	11 tweed suits, at 15s		8 5	0		
	19 do. bonnets, at 1s		0 19	0		
	3 do. stocks, at 1s		0 3	0		
Bed she	eets, quilts, canvass dresses,		18 0 1	.1		
Repairs			88 11	0		
New wo	ork and repairs for private individuals,	•	5 19 1	0		
	•			L.207	8	9

II SHOEMAKERS

		,	II. DI	.10	ULI IVI E	7 77 77	III.						
Making	139 pair	men's sh	oes, at	4s.		•		L.27	16	0			
•••	8,	boots, a	t 5s.					2	0	0			
		women's						19	15	0			
		do.											
		do.											
	7 ,	canvass	shoes,	at	1s. 6d			0	10	6			
		braces,						0		_			
		s, at 2d.						0	16	2			
		e-pads, at						0	18	0			
		senger-ba						0	5	0			
Repairi	ng 727 pa	air men's s	shoes, a	and	385 v	vome	n's do	. 55	18	11			
*	3 .		,						-		111	15	4
	,				Ca	irry f	orwa	rd,	•		L.319	4	1

APPENDIX.

PATHOLOGICAL APPEARANCES OBSERVED IN THE BRAIN DURING THE YEAR 1862.

Of the 74 deaths which occurred during the year, autopsies were permitted in 41 cases, and the pathological appearances carefully noted. The lesions of the Encephalon are recorded below, and arranged so as to shew their relations to the different forms of mental disorder.

The subjoined Tables shew the forms of insanity and the causes of death in those examined:—

FORMS OF INSANITY.

Acute Mania,		٠			3	Brought forward,	15
Mania, .	•	٠	٠	•	9	Melancholia,	2
Puerperal Mania,		•	•	•	1	General Paralysis,	9
Epileptic do.	•	•	6	٠	1	Dementia,	15
Dipsomania,	•	•	٠	•	1		44
							41
					15	•	

CAUSES OF DEATH.

Apoplexy,		3	Brough	it fo	rward	l,	33
& A V		4	Chronic Gastritis,	•			1
General Paralysis,		8					1
Exhaustion from Man	ia, .	2	Bright's Disease,	•	•		1
Phthisis Pulmonalis,		12	Dysentery,	•	•	-	1
Pneumonia, .		1		•		4	1
Atrophy of Brain,		1	Pericarditis, .	•	•		1
A		1	Senile Decay, .		•		1
Cancer of Stomach,		1	Broncho-Pneumonia,		•		1
,							
		33	•				41

The Calvarium was of unusual thickness in 3 cases of Dementia, and 1 of General Paralysis; thinner than usual in 2 cases of General Paralysis; of extremely irregular thickness in 1 case of Senile

Mania; and markedly unsymmetrical in 1 case of Mania, and 1 of Epileptic Mania.

The Dura Mater was very adherent to the Calvarium in 3 cases of General Paralysis, 3 of Dementia, and 1 of Mania; it con-

tained bony plates or spiculæ in 2 cases of Dementia.

The Arachnoid was thickened and opaque in 8 cases of General Paralysis, 3 of Dementia, 3 of Mania, 1 of Epileptic Mania, and 1 of Senile Mania. There was much Sub-Arachnoid Effusion in 2 cases of General Paralysis, 3 of Mania, 1 of Epileptic Mania, 1 of Senile Mania, and 1 of Dementia. There was a thin gelatinous, blood-coloured layer of Effusion lining the inner surface of Dura Mater in 1 case of Mania, 1 of Melancholia, and 1 of Dementia.

The Pia Mater and Arachnoid were adherent to the Convolutions in 7 cases of General Paralysis. There was Extravasation of Blood under the Arachnoid in 1 case of Mania, and 1 of Dementia.

There was marked Atheroma of the Arteries in 3 cases of Demen-

tia, and 1 of Senile Mania.

The Brain appeared to be Congested in 5 cases of General Paralysis, 1 of Mania, 1 of Epileptic Mania, 1 of Senile Mania, 1 of Melancholia, and 1 of Dementia.

The Brain was very Anæmic in 4 cases of Dementia, 2 of Mania,

and 1 of Dipsomania.

Edema of the Brain was remarked in 1 case of General Paralysis,

3 of Mania, 1 of Dipsomania, and 2 of Dementia.

There was Atrophy of the Convolutions in limited spots in 2 cases of General Paralysis, 3 of Mania, 1 of Senile Mania, and 4 of Dementia.

The Grey Matter of the Convolutions was divided into two very distinct layers in 9 cases of General Paralysis, 1 of Mania, and 1 of Dementia. This condition has not been specially noticed in the Pathological Report hitherto, but has lately been receiving more attention and study.

The Brain Substance was generally softened in 1 case of General

Paralysis, and 2 of Dementia.

There was distinct limited Ramollissement in 3 cases of Mania, and 5 of Dementia.

There was Effusion of Blood into the Brain Substance in 1 case of General Paralysis, and 1 of Dementia.

The Corpus Callosum was softened in 1 case of Mania, and 3 of Dementia.

The Fornix was softened in 1 case of General Paralysis, 1 of Mania, 1 of Dipsomania, and 2 of Dementia.

The Corpus Striatum contained softenings in 1 case of Mania, and

2 of Dementia.

The Optic Thalamus contained softenings in 1 case of Mania, and 4 of Dementia.

The Fluid in the Ventricles was not greatly excessive in any of

the cases, never amounting to more than $1\frac{1}{2}$ oz.

The Lining Membrane of the Ventricles was thickened, but not granular, in 1 case of General Paralysis, 2 of Mania, 1 of Senile Mania, and 2 of Dementia. It was very distinctly Granular in 7 cases of General Paralysis, 2 of Mania, 1 of Epileptic Mania, 1 of

Melancholia, and 4 of Dementia.

Of the two cases of Epilepsy alluded to in the Report, a post mortem examination could only be obtained in the case of the young man, and its results are not included in this Appendix. He was twenty-one years of age, had led a very irregular life, and had been repeatedly in prison. He was labouring under Suicidal Mania when admitted, and after the suicidal tendency passed away, became unsettled, idle, mischievous, and discontented. The first epileptic fit occurred in the midst of apparently perfect physical health, without any discoverable cause; it was very soon followed by a second, and within an hour he took a third, in which he died. On examination, the Brain seemed as if hypertrophied, and too large for the case which contained it; the Convolutions were flattened, as if by pressure against the cranial vault; and there was remarkable dryness of the membranes and ventricles, from the absence of the usual Arachnoid fluid. Brain was also very congested, but seemed otherwise normal. All the other organs seemed healthy, but were intensely congested.

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Table of Causes of Death, and Weights of Organs	Cerebell., Pons, and Medulla.	8000000000000000000000000000000000000	© © © © © © © © © © © © © © © © © © ©
	Encephal.	252 252 253 253 253 253 253 253 253 253	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	NITY. CAUSE OF DEATH.	Phthisis Pulmonalis, Dysentery, Phthisis Pulmonalis, Pericarditis, Ramollissement of Brain, Phthisis Pulmonalis, Ramollissement of Brain, Apoplexy, Senile Decay, Heart Disease, Do. Diarrhea, Phthisis Pulmonalis, Phthisis Pulmonalis, Cancer of Bladder, General Paralysis, Do.	Acute Tuberculosis, Exhaustion, Do. Chronic Gastritis, Bright's Disease, Phthisis Pulmonalis, Do. Do. Cancer of Stomach, Ramollissement of Brain, Phthisis Pulmonalis, Broncho-pneumonia, Phthisis Pulmonalis, Do. Do. Do. Do. Atrophy of Brain,
	FORM OF INSANITY	Dementia,	Acute Mania, Do. Do. Mania, Do. Do. Do. Do. Do. Do. Relancholia, Do. Do. Puerperal Mania, Melancholia, Do. Do. Do. Puerperal Mania, Do. Do. Do. Puerperal Mania, Puerperal Mania, Puerperal Mania, Puerperal Mania, Puerperal Mania, Puerperal Mania, Do. Do.
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